DPH-Environmental Health Management-1390 Market Street, Ste. 210 San Francisco, CA 94102

HEALTH PERMIT APPLICATION ZONING REFERRAL

FOOD AND OTHER ESTABLISHMENTS PAGE 2A

APPLICANT: THIS IS PAGE 2 OF 2 PAGES-COMPLETE BOTH PAGES

Applicant: For more information regarding types of establishments, zoning, and Planning Code questions, you may go on-line at www.sfgov.org/site/planning or call the Planning Information Counter at **415.558.6377** for more information.

DBA ADDRESS:_____

1. CHECK THE TYPE OF ESTABLISHMENT AND ANSWER YES OR NO TO THE FOLLOWING QUESTIONS:

☐	**A. FULL SERVICE RESTAURANT (Section 790.92)** Waiter service with seating. Guests typically order and receive food/beverage while seated at tables and pay for meals after meal is consumed.	☐	**E. LARGE FAST FOOD RESTAURANT (Section 790.90)** Food is ordered and served at a customer service counter at establishments such as delicatessens, sandwich shops, and bakeries with a gross floor area of **more than** 1000 square feet.
☐	**B. SMALL SELF SERVICE RESTAURANT/FAST-FOOD RESTAURANT (Section 790.92 & 790.91)** Food is ordered and served at a customer service counter at establishments such as delicatessens, sandwich shops, and bakeries with less than 50 seats and a gross floor area of **less than** 1000 square feet.	☐	**F. RETAIL BEVERAGE SHOP (Section 790.102)** Provides a limited menu of beverages prepared on the premises and able to be quickly prepared for consumption on or off the premises. A retail beverage use is not permitted to cook, reheat food or prepare meals, additional limits apply to seating.
☐	**C. RETAIL GROCERY STORE / SPECIALITY GROCERY STORE (Section 790.102)** Sales of non complimentary food items at retail prices such as cheese, confections, coffee, meat, produce, personal items and dry goods.	☐	**G. FULL BAR WITH OR WITHOUT MEALS SERVICE (Section 790.22)** Provides on-site alcoholic beverage sales for drinking on the premises, including bars serving beer, wine and/or liquor. A wine bar is included in this type of use
☐	**D. RETAIL GROCERY STORE / SPECIALITY GROCERY STORE∗ (Section 790.102 / 703.2)** Sales of non complimentary food items at retail prices such as meat, cheese, coffee, confections, **and** serves prepared or cooked food for take out. See note at bottom of page.	☐	**H. OTHER TYPE OF USE**: Please describe below or attach a written description of the business that describes the business operation and the hours of operation. If the business includes massage, acupressure, or reflexology as part of its operation, please use Page 2B:

Description:

2. CHANGE OF OWNERSHIP? YES ☐ NO ☐ **CHANGE OF USE?:** YES ☐ NO ☐

3. NEW ESTABLISHMENT? (Prior use not licensed by Health Department) YES ☐ NO ☐

4.. DO YOU PROPOSE TO ALTER THE INTERIOR OR EXTERIOR OF THE ESTABLISHMENT? (A building permit is required for alterations, including for new signage. Please contact DBI for information regarding building permits at 415-558-6088).

YES ☐ NO ☐ (If yes, please describe the type of alteration: _____

5.. IS ESTABLISHMENT NOW VACANT? YES ☐ **NO** ☐ (if yes, how long?_____ months).
WAS THE ESTABLISHMENT VACATED BY ANOTHER EATING OR DRINKING ESTABLISHMENT? Yes ☐ No ☐

6. TOTAL GROSS SQUARE FOOTAGE OF ESTABLISHMENT_____**sq. ft.**
(Section 102.10) Including other uses or business in the same space

7. IS THE PROPOSED BUSINESS WITHIN ANOTHER BUSINESS, OR SHARING SPACE WITH ANOTHER BUSINESS? (i.e. a restaurant within a hotel, a deli counter at a grocery store, etc) IF SO, PLEASE EXPLAIN: (see note in box below)

∗ If the proposed establishment is a SPECIALTY GROCERY WITH ACCESSORY FOOD TAKE-OUT or a BUSINESS WITHIN ANOTHER BUSINESS, then the following is required to be submitted to the Planning Department, building permit application and complete floor plans, drawn to scale of ¼ inch showing the entire footprint of the store and clearly designating all areas used for food take away operations. Please note that the area devoted for take out food within a retail grocery or specialty grocery use is limited to a maximum of 100 square feet and does not permit table and chairs.

X Signature of Applicant / Agent **Date Signed**

(Reviewed /Initialed by Supervisor_____ **Date**_____